Docket No. 71212-A-PCT-US/JPW/JAKIN THE UNITED STATES PATENT AND TRADEMARK OFFICEApplicant(s): Elena Feinstein, et al.Serial No. : 10/575,121 Examiner: Kimberly ChongFiled : April 7, 2008 Group Art Unit: 1635For : BONE MORPHOGENIC PROTEIN (BMP) 2A AND USES THEREOF

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: May 11, 2009

Sir:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

_____ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend-ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	20 -	* 20 =	*** 0 X	\$26	\$52	=	0	
Indepen- -dent Claims	3 -	** 3 =	*** 0 X	\$110	\$220	=	0	
Multiple Dependent Claim(s) Presented For First Time _____ Yes _____ X No				\$195	\$390	=	0	
				TOTAL ADDITIONAL FEE \$ 0				

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

Applicant(s): Elena Feinstein, et al.

Serial No. : 10/575,121

Filed : April 7, 2008

Amendment Transmittal Letter
Page 2

The following are also enclosed:

☒ One additional copy of this Amendment Transmittal Letter

☒ Return Receipt Postcard

☐ An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes ☐ No ☐
and a fee of \$ ☐ included)

☒ A Petition for an Extension of Time, including a fee of
\$ 65.00 for a Petition for 1 Month(s) Extension of Time

☐ Other (identify): _____

THE TOTAL FEE DUE IS \$ 65.00.

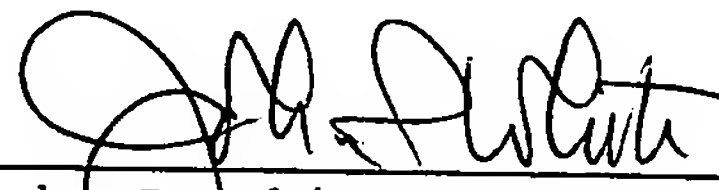
☒ A check in the amount of \$ 65.00 is enclosed.

☐ Please charge Deposit Account No. _____ in the amount of
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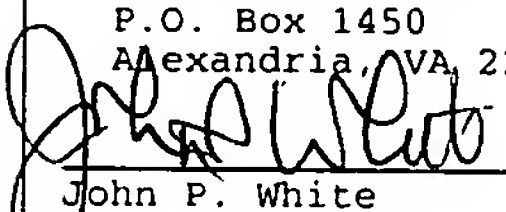
☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

☒ Fees under 37 C.F.R. §1.16 for the presentation of extra claims
☐ Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,



John P. White
Registration No. 28,678
Attorney for Applicant(s)
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I hereby certify that this
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P.O. Box 1450
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John P. White
Reg. No. 28,678
May 11, 2009
Date



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Multiple Dependent Claim(s) Presented For First Time <u> </u> Yes <u>X</u> No				\$195	\$390	=	0	
				TOTAL ADDITIONAL FEE			\$	0

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(Copies of citations included: Yes ☐ No ☐

and a fee of \$ ☐ included)

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☐ Other (identify): _____

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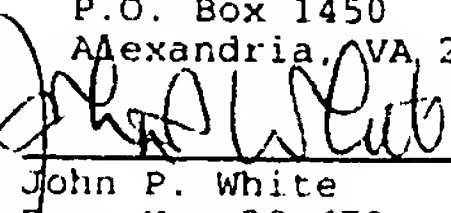
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required or credit any overpayment to Deposit Account No. 03-3125
as follows:

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☐ Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,



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